

**"FEE ADDRESS" INDICATION FORM**

**Address to:**  
**Mail Stop M Correspondence**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1459**

**Fax to:**  
**571-273-6500**

**- OR -**

**INSTRUCTIONS:** The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address than the correspondence address for the application. **When to check the first box below:** If you have a Customer Number to represent the fee address. **When to check the second box below:** If you have no Customer Number representing the desired fee address, in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.

For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:

☒ Customer Number: 56090

**OR**

☐ The attached Request for Customer Number (PTO/SB/125) form.

PATENT NUMBER (if known)	APPLICATION NUMBER

Completed by (check one):

☐ Applicant/Inventor.

\_\_\_\_\_  
/A. Sidney Johnston/  
Signature

☒ Attorney or agent of record Registration number 29,548

\_\_\_\_\_  
A. Sidney Johnston  
Typed or printed name

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed.  
(Form PTO/SB/96)

\_\_\_\_\_  
(617) 951-2500  
Telephone number

☐ Assignee recorded at Reel \_\_\_\_\_ Frame \_\_\_\_\_

\_\_\_\_\_  
April 15, 2009  
Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.  
Submit multiple forms if more than one signature is required, see below\*.

☐ Total of \_\_\_\_\_ forms are submitted.

**CERTIFICATE OF TRANSMISSION**

I hereby certify that this correspondence is being electronically transmitted to the U.S. Patent and Trademark Office on the date shown below.

Signature      /Kristin Bigelow/

Name (Print/Type): Kristin Bigelow

Date

April 15, 2009